

**COMMONWEALTH OF KENTUCKY**  
**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.

STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.

STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location. **WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!**

STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$15.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-7. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.

STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.

STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.

STEP 7. Under KRS 164.772 Ky. State ABC may deny a license to defaulted student loan borrowers of a Kentucky Higher Education Loan. Therefore, complete the attached Self-Certification Compliance Form enclosed in this packet and return it with your State ABC application.

STEP 8. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.

STEP 9. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.

STEP 10. Take your application to your local ABC administrator and obtain their signature of approval on your state application.  
**(LOCAL LICENSING):** There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the Local office pending approval the longer it will take the state to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at <http://abc.ky.gov/>

**(TIME)** New licenses take the State Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our Office or visit our web site.**

<http://abc.ky.gov>

**FRANKFORT:** Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**NOTE:** You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**). You must contact their office to obtain an application form and information about your federal permit:  
Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334  
National Revenue Center  
550 Main St., Cincinnati, Ohio 45202-3263

Areas qualified to hold any type of liquor and or wine by the drink license <u>OR</u> by the package license.			
1 <sup>st</sup> . Class Cities	Jefferson County		
2 <sup>nd</sup> . Class Cities	City of Ashland in Boyd Co. City of Bowling Green in Warren Co. City of Richmond in Madison Co. Campbell County Christian County Daviess County	Fayette County Franklin County Henderson County Kenton County McCracken County	
3 <sup>rd</sup> . Class Cities	City of Nicholasville in Jessamine Co. City of Pikeville in Pike Co. Boone County Bourbon County	Clark County Mason County Perry County	
4 <sup>th</sup> . Class Cities	City of Augusta in Bracken Co. City of Bardstown in Nelson Co. City of Carrollton in Carroll Co.	City of Hillview in Bullitt Co. City of Morehead in Rowan Co. City of Shepherdsville in Bullitt Co.	
<b>Areas qualified to hold by the package liquor licenses(LP) or Restaurant Wine by the Drink Licenses (RWL) only.</b>			
4 <sup>th</sup> . Class Cities	City of Central City in Muhlenberg Co. City of Cumberland in Harlan Co. City of Eminence in Henry Co. City of Falmouth in Pendleton Co. City of Madisonville in Hopkins Co. City of Mt. Sterling in Montgomery Co. City of Morehead in Rowan Co. City of Russellville in Logan Co. City of Shelbyville in Shelby Co. City of Springfield in Washington Co. City of Vanceburg in Lewis Co.	Anderson County Bracken County Bullitt County Carroll County Floyd County Fulton County Gallatin County Harrison County Magoffin County Marion County Nelson County	Nicholas County Union County Woodford County
5 <sup>th</sup> . Class Cities	Meade County		
6 <sup>th</sup> . Class Cities	Wolfe County		
<b>Areas qualified to hold Sunday Liquor <u>drink</u> Licenses.</b>			
SD	All by the drink licensees in Campbell & Kenton Counties by special elections, all restaurants, hotels, & private clubs in City of Frankfort. City of Bardstown for Private Clubs and City of Murray for GOLF licensees.		
LS	Qualifying 50% food restaurants in (countywide) Boone, Daviess, Fayette (by election & ordinance), Gallatin, Jefferson, Nelson, and Franklin Co., and Cities of Augusta, Bardstown 70%, Bowling Green, Florence, Henderson, Hopkinsville, Maysville, Morehead, Oak Grove, Paducah, Shelbyville, and Warsaw by local ordinances.		
LLS	Qualifying 70% food restaurants in the Cities of Elizabethtown, Franklin, London, and Radcliff, and in Oldham County by local ordinances.		
RS	LD and PC licensees in Jefferson County by statute and liquor drinks and private clubs in City of Maysville by local ordinance. Harmony Landing Country Club in Oldham Co.		
ESL	All wet areas holding Convention Centers, Automobile Race Tracks, Horse Race Tracks, and Commercial Airport Licenses by statute.		
<b>Areas that qualify to hold restaurant drink liquor with 50% food sales (RD), motel drink liquor (ML), restaurant wine (RWL), or private club (PC) licenses.</b>			
1 <sup>st</sup> . Class Cities	As listed above		
2 <sup>nd</sup> . Class Cities	As listed above		
3 <sup>rd</sup> . Class Cities	As listed above		
4 <sup>th</sup> . Class Cities	City of Central City in Muhlenberg Co. City of Fulton in Fulton Co. City of Lawrenceburg in Anderson Co. City of Madisonville in Hopkins Co. City of Mt. Sterling in Montgomery Co. City of Mt. Washington in Bullitt Co. City of Morehead in Rowan Co. City of Morganfield in Union Co. City of Prestonsburg in Floyd Co. City of Russellville in Logan Co. City of Salyersville in Magoffin Co. City of Shelbyville in Shelby Co. City of Springfield in Washington Co. City of Versailles in Woodford Co. City of Warsaw in Gallatin Co. Carroll County Floyd County Gallatin County Harrison County Marion County Nelson County Nicholas County Union County Woodford County	RD, ML, PC and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML, PC and RWL licenses RD, ML, PC and RWL licenses RD, ML and RWL licenses with 70% RD, ML and RWL Licenses RD, ML, PC and RWL Licenses RD, ML and RWL Licenses RD, ML and RWL Licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, and RWL Licenses RD, ML, and PC licenses with 70% Food & RWL RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RWL and PC licenses RD, ML and RWL Licenses RD, ML and RWL Licenses RD, ML and RWL Licenses RD, ML and RWL licenses RD, and ML for Licenses with 70% Food & RWL	

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY  
AREAS**

**Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election under KRS 242.185(6)**

City of Burnside in Pulaski Co.  
City of Calvert City in Marshall Co.  
City of Cave City in Barren Co.  
City of Corbin in Whitley & Knox Counties  
City of Corinth in Grant Co.  
City of Danville in Boyle Co.  
City of Elizabethtown in Hardin Co.  
City of Franklin in Simpson Co.  
City of Georgetown in Scott Co.  
City of Guthrie in Todd Co.  
City of Harrodsburg in Mercer Co.  
City of Kuttawa in Lyon Co.  
City of London in Laurel Co.  
City of Mayfield in Graves Co.  
City of Murray in Calloway Co.  
City of Pineville in Bell Co.  
City of Radcliff in Hardin Co.  
City of Williamstown in Grant Co.

County of Oldham  
County of Shelby

**Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses by local option elections in dry counties.**

**Located in the County of:**

Boyle County  
Boyle County  
Calloway County (City of Murray)  
Graves County (City of Mayfield)  
Hardin County  
Jessamine County  
Madison County  
Madison County  
McCracken County  
Oldham County  
Pendleton County  
Scott County  
Scott County  
Shelby County  
Union County

**(Name of the Golf Club)**

Danville Country Club  
Old Bridge Golf Club  
Murray Golf Course  
Mayfield Golf & Country Club  
Pine Valley Golf Course (held 2 elections, and one to go wet and one to stay wet)  
Champions Golf Course in Nicholasville  
Arlington Golf Course  
The Bull at Boone's Trace Golf Course  
Rolling Hills Country Club  
Harmony Landing Country Club  
Pendleton Country Club and Golf Course  
Canewood Golf Course  
Longview Golf Course  
Persimmon Ridge Golf Course  
Breckinridge Golf Course

**Premises that qualify to hold Farm or Small Winery Licenses by local option elections in dry counties.**

**Located in the County of:**

Boyle County  
Henry County  
Caldwell County  
Jessamine County  
Letcher County  
Madison County  
Owen County  
Pulaski County  
Rowan County  
Scott County  
Scott County  
Washington County  
Washington County  
Washington County

**(Name of the Winery)**

Old Crow Inn Winery also known as Chateau DuView Corbeau  
Smith-Berry Vineyard  
Black Oak Vineyards & Winery  
Chrisman Mill Vineyards  
Highland Winery  
Acres of Land Winery  
Elk Creek Vineyards  
Sinking Valley Vineyards  
CCC Trail Vineyards  
Amerson Farm Orchard (Closed 05)  
Ky. Elder Ridge Winery (Closed 04)  
Rolling Hills Vineyards  
Simple Pleasures Wines  
Long Lick Farm Winery

**HOW TO FIGURE STATE ABC LICENSE FEE (S)**

1. Pick the County where your premises are to be located from this chart.
  2. Pick the month you want the license(s) to become effective.
  3. Which fee will you pay?      ( ) Full Year Fee      ( ) Half Year Fee
  4. Go to the back page of your application “**Schedule**” and find the exact dollar (\$) amount to pay.
- All other** applicants use this table

<b>COUNTY WHERE PREMISES ARE LOCATED</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
Anderson	July – December	January – June
Bell	June –November	December - May
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June –November	December - May
Bracken	July – December	January – June
Barren	May – October	November – April
Bullitt	February – July	August – January
Caldwell	April-September	October - March
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October - March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Grant	December – May	June – November
Graves	April – September	October – March
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Knox	June - November	December - May
Laurel	June - November	December - May
Letcher	June - November	December - May
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Marshall	April – September	October – March
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Mercer	May – October	November – April
Montgomery	June – November	December – May
Muhlenberg	May – October	November – April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Oldham	July – December	January – June
Owen	February – July	August – January
Pendleton	July – December	January – June
Perry	June – November	December - May
Pike	July – December	January – June
Pulaski	June – November	December - May
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Simpson	May – October	November - April
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November - April
Washington	May – October	November – April
Whitley	June – November	December - May
Wolfe	July – December	January – June
Woodford	July – December	January - June

**HOW TO FIGURE STATE ABC LICENSE FEE (S)**

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ( ) Full Year Fee ( ) Half Year Fee
4. Go to the back page of your application “**Schedule**” and find the exact dollar (\$) amount to pay.

**Fayette County (Lexington Ky.) Applicants use this table**

<b>Fayette County Zip Code of Premises</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

**Jefferson County (Louisville, Ky.) Applicants use this table**

<b>Jefferson County Zip code of Premises</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	March – August	September – February
40253 to 40256	March – August	September – February
40257	June – November	December - May
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	March – August	September – February
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	March – August	September – February

**Kentucky ABC**

**How to obtain your state criminal history information**

**For Non-Kentucky Residents**

**Revised 08/17/05**

**Alabama** 334-353-1172 [www.dps.state.al.us/public/abi/cic.asp](http://www.dps.state.al.us/public/abi/cic.asp)

**Alaska** 907-269-5767 [www.dps.state.ak.us/statewide/background/index.asp](http://www.dps.state.ak.us/statewide/background/index.asp)

**Arizona** 602-223-2222 [www.azdps.gov/reports/fingerprint/faq/default.asp](http://www.azdps.gov/reports/fingerprint/faq/default.asp)

**Arkansas** 501-618-8500 [www.asp.state.ar.us/demo/criminal/help\\_p2.php#122](http://www.asp.state.ar.us/demo/criminal/help_p2.php#122)

**California** Please contact our office for information.

**Colorado** 303-239-4208 <https://www.cbirecordscheck.com>

**Connecticut** 860-685-8480 [www.state.ct.us/dps/spbi.htm](http://www.state.ct.us/dps/spbi.htm)

**Delaware** Please contact our office for information.

**Florida** 850-410-8109 [www.fdle.state.fl.us/CriminalHistory/](http://www.fdle.state.fl.us/CriminalHistory/)

**Georgia** 404-986-5000 [www.ganet.org/gbi/crimhist.html](http://www.ganet.org/gbi/crimhist.html)

**Hawaii** 808-587-3100 [www.hawaii.gov/hcjdc/form.htm](http://www.hawaii.gov/hcjdc/form.htm)

**Idaho** 208-884-7130 [www.isp.state.id.us/identification/crime\\_history/index.html](http://www.isp.state.id.us/identification/crime_history/index.html)

**Illinois** 815-740-5160 [www.isp.state.il.us/crime/uciahome.cfm](http://www.isp.state.il.us/crime/uciahome.cfm)

**Indiana** 317-233-2010 [www.in.gov/ai/hr/verification.html](http://www.in.gov/ai/hr/verification.html)

**Iowa** 515-281-4776 [www.state.ia.us/government/dps/dci/crimhist.htm](http://www.state.ia.us/government/dps/dci/crimhist.htm)

**Kansas** 785-296-6518 [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/)

**Louisiana** 225-925-6095 [www.lsp.org/who\\_support.html#criminal](http://www.lsp.org/who_support.html#criminal)

**Maine** 207-624-7240 [www.informe.org/PCR/](http://www.informe.org/PCR/)

**Maryland** 888-795-0011 [www.dpscs.state.md.us/publicservs/bgchecks.shtml](http://www.dpscs.state.md.us/publicservs/bgchecks.shtml)

**Massachusetts** 617-660-4600 <http://www.mass.gov/chsb/>

**Michigan** 517-322-1956 [www.michigan.gov/ichat](http://www.michigan.gov/ichat)

**Minnesota** 651-793-2400 [www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html](http://www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html)

**Mississippi** Please contact our office for information.

**Missouri** 573-526-6153 [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov)

**Montana** 406-444-3625 [www.doj.state.mt.us/enforcement/backgroundchecks.asp](http://www.doj.state.mt.us/enforcement/backgroundchecks.asp)

**Nebraska** 402-471-4545 [www.nsp.state.ne.us/findfile.asp?ID=209](http://www.nsp.state.ne.us/findfile.asp?ID=209)

**Nevada** 775-687-1600 [www.nvrepository.state.nv.us/](http://www.nvrepository.state.nv.us/)

**Kentucky ABC**

**How to obtain your state criminal history information**

**For Non-Kentucky Residents**

**Revised 08/17/05**

**New Hampshire** 603-271-2538 [www.state.nh.us/safety/nhsp/cr.html#criminal](http://www.state.nh.us/safety/nhsp/cr.html#criminal)

**New Jersey** 609-882-2000 ext 2918 [www.state.nj.us/lps/njsp/about/serv\\_chrc.html#background](http://www.state.nj.us/lps/njsp/about/serv_chrc.html#background)

**New Mexico** 505-827-9181 [www.dps.nm.org/faq/record\\_request.htm](http://www.dps.nm.org/faq/record_request.htm)

**New York** 518-485-7675 [www.criminaljustice.state.ny.us/ojis/recordreview.htm](http://www.criminaljustice.state.ny.us/ojis/recordreview.htm)

**North Carolina** [www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1](http://www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1)

**North Dakota** 701-328-5510 [www.ag.state.nd.us/bci/chr/chr.html](http://www.ag.state.nd.us/bci/chr/chr.html)

**Ohio** 740-845-2375 [www.webcheck.ag.state.oh.us](http://www.webcheck.ag.state.oh.us)

**Oklahoma** 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

**Oregon** [http://egov.oregon.gov/osp/ID/does/crim\\_history.pdf](http://egov.oregon.gov/osp/ID/does/crim_history.pdf)

**Pennsylvania** 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

**Rhode Island** 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

**South Carolina** 803-737-9000 [www.sled.state.sc.us/default.htm](http://www.sled.state.sc.us/default.htm)

**South Dakota** 605-773-3331 [dci.sd.gov/administration/id/cch.htm](http://dci.sd.gov/administration/id/cch.htm)

**Tennessee** 304-625-5590 [www.tbi.state.tn.us/divisions/isd\\_riu\\_faqs.htm](http://www.tbi.state.tn.us/divisions/isd_riu_faqs.htm)

**Texas** 512-424-2079 [http://records.txdps.state.tx.us/dps\\_web/APP\\_PORTAL/index.aspx](http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx)

**Utah** 801-965-4445 [bci.utah.gov/Records/RecOwnRecord.html](http://bci.utah.gov/Records/RecOwnRecord.html)

**Vermont** 802-244-8727 ext 5237 [www.dps.state.vt.us/cjs/recordcheck6.html](http://www.dps.state.vt.us/cjs/recordcheck6.html)

**Virginia** <http://www.vsp.state.va.us/cjis.htm>

**Washington** [watch.wsp.wa.gov/](http://watch.wsp.wa.gov/)

**West Virginia** Please contact our office for information.

**Wisconsin** 608-266-5764 [www.doj.state.wi.us/dles/cib/crimback.asp#Q9](http://www.doj.state.wi.us/dles/cib/crimback.asp#Q9)

**Wyoming** [attorneygeneral.state.wy.us/dci/chc.html](http://attorneygeneral.state.wy.us/dci/chc.html)

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:  
(Fill in the blanks)**

\_\_\_\_\_, Mailing address  
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

\_\_\_\_\_ Hereby declares intention(s)  
(Include Street, City, State and Zip)

to apply for a \_\_\_\_\_ license(s)  
(List **all license types** you are applying for. (Example) Retail Liquor by the Drink, Retail Beer, Retail Liquor Package, Alcoholic Beverage Caterers, Retailer's Liquor by the Drink Sampling License, Retailer's Liquor by the Package Sampling License, and so on...)  
(Be sure to refer to your ABC Schedule form for a complete list of all the license types you are making application for.)

no later than \_\_\_\_\_, The business to be licensed will be  
(Enter the date you intend to make application to the State ABC)

located at \_\_\_\_\_ Kentucky \_\_\_\_\_  
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as \_\_\_\_\_  
(List the name of your business (D.B.A.))

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code

**Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)**

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

Kentucky Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax



*Commonwealth of Kentucky*  
**Office of Alcoholic Beverage Control**  
**1003 Twilight Trail**  
**Frankfort, Kentucky 40601-8400**

(502) 564-4850 phone  
(502) 564-1442 fax

**GLUE OR  
TAPE  
CLIPPING  
HERE**

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an  
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of

\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION  
FOR LICENSING.***

**LEASE AGREEMENT**

I, (We) \_\_\_\_\_,  
hereby agree to lease to \_\_\_\_\_,  
the premises located at \_\_\_\_\_,  
\_\_\_\_\_  
in \_\_\_\_\_ County, Kentucky.

The said lease shall be for a term of \_\_\_\_\_,  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The rent shall be payable at a rate of \_\_\_\_\_.

I understand and agree upon, that the premises herein named shall be used for  
lawful purposes only.

Lessor X \_\_\_\_\_

Lessor X \_\_\_\_\_

Lessee X \_\_\_\_\_

Lessee X \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, by the above Lessor and Lessee.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_.

**SELF-CERTIFICATION FOR COMPLIANCE WITH**

***KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.***

This form must be completed (signed and dated) by all persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

**Certification of Repayment of Educational Financial Assistance**

I, \_\_\_\_\_, am an applicant for a license related to alcohol or alcoholic beverages issued by the Kentucky Office of Alcoholic Beverage Control. I hereby certify that I am not in default of a repayment obligation, such as a student loan repayment, under any financial program administered by the Kentucky Higher Education Assistance Authority (KHEAA).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION**

COMMONWEALTH OF KENTUCKY  
OFFICE OF ALCOHOLIC BEVERAGE CONTROL

Site I.D. #

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"***Applications may be returned if all questions are not answered completely.*

Leave Blank – For ABC Use Only

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A) 1.** Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all ABC Schedule(s) you have attached \_\_\_\_\_ Enter amount of fee enclosed \$ \_\_\_\_\_

**(B) 2** Provide the tax numbers (must be issued in the applicant's name).**Failure to provide the number or a discrepancies in the name the numbers are issued will prevent this application from being processed.**

Ky. Sales &amp; Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C) 3.** List all types of licenses you are applying for \_\_\_\_\_**4.** What Month do you want your license(s) to become effective? \_\_\_\_\_**5.** Describe the type of business you will operate and list how you will sell alcoholic beverages. \_\_\_\_\_Check all that apply: ☐ Beer: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.☐ Wine ☐ Distilled Spirits: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.**6.** Are you the owner of the real estate where these premises are to be licensed?.....☐ Yes ☐ NoIf no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 7.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

**Please state in section D7 if this is a publicly held company.**

- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?.....☐Yes ☐No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation, which shows the filing date with the Kentucky Secretary of State's Office.
9. Is the entire license fee paid by the applicant and by no other person?.....☐Yes ☐No
10. Are the premises to be licensed located within an incorporated city or town?.....☐Yes ☐No  
If yes, list the name of the city or town \_\_\_\_\_
11. Have you ever been licensed to sell alcoholic beverages?.....☐Yes ☐No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If in Kentucky, are you transferring this license to a new location?.....☐Yes ☐No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?.....☐Yes ☐No  
If yes, describe the interest(s) \_\_\_\_\_
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?.....☐Yes ☐No  
If yes, **you must attach a statement** giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.....☐Yes ☐No
15. Are the premises to be licensed and the entrance located on the street level?.....☐Yes ☐No  
If no, is the business a hotel, club or restaurant?.....☐Yes ☐No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?.....☐Yes ☐No  
b. Are the premises currently licensed?.....☐Yes ☐No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you?.....☐Yes ☐No  
e. Are you acquiring an interest in the existing business?.....☐Yes ☐No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment ☐ Ownership by purchase of shares  
☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 16 HAS BEEN ANSWERED "YES"  
OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))  
as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the holder of a  
☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license number(s) is  
(are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted by law) to  
\_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_\_\_\_ (print your name here) \_\_\_\_\_ (☐ Buyer or ☐ New Applicant),  
do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge,  
information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have  
been issued the appropriate license(s) by the Office of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will  
abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**SCHEDULE "R"**  
**RETAIL LICENSES**

Site I.D. #

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Ky. Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Ky. Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A.) Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

- (B.)**
1. Are you applying for a **Retail Liquor by the Drink License?** (KRS 243.250)..... ☐ Yes ☐ No  
If yes, are you applying for a new license available through the quota system?..... ☐ Yes ☐ No  
Is this license being transferred to you by an existing owner? ..... ☐ Yes ☐ No
- 1a. Are you applying for a **Retailer's Liquor Drink Sampling License?** ..... ☐ Yes ☐ No  
If yes, KRS 244.050(2) requires you to hold an active Kentucky Retail Distilled Spirits & Wine by the Drink License.  
List your Kentucky Retail Distilled Spirits & Wine by the Drink License Number at the Sampling Location. \_\_\_\_\_
2. Are you applying for a **Retail Package License?** (KRS 243.243.240)..... ☐ Yes ☐ No  
If yes, are you applying for a new license available through the quota system?..... ☐ Yes ☐ No  
Is this license being transferred to you by an existing owner? ..... ☐ Yes ☐ No
- 2a. Are you applying for a **Retailer's Liquor Package Sampling License?** ..... ☐ Yes ☐ No  
If yes, KRS 244.050(2) requires you to hold an active Kentucky Retail Package Liquor License.  
List your Kentucky Retail Package Liquor License Number at the Sampling Location. \_\_\_\_\_
3. Are you applying for a **Retail Malt Beverage Beer License?**..... ☐ Yes ☐ No
- 3a. Will you also sell gasoline or lubricating oil or work on motor vehicles? ..... ☐ Yes ☐ No  
If yes, premises used for the sale of gasoline and lubricating oil or for the servicing and repair of  
Motor vehicles under KRS 243.280 must maintain an inventory of not less than \$5,000 in food, groceries, and related  
products valued at cost. Do you meet this requirement? ..... ☐ Yes ☐ No
4. Are you applying for a **Supplemental Liquor Bar License?** (KRS243.037 & 241.010(49))..... ☐ Yes ☐ No  
If yes, how many additional bars do you wish to license? \_\_\_\_\_
5. Are you applying for a **Special Sunday Retail Liquor Drink License?** (KRS 244.290)..... ☐ Yes ☐ No  
If yes, check which license type you will qualify to hold:
- ☐ a **SD Sunday** (available only to holders of liquor drink licenses in Kenton & Campbell Counties) (in the city limits of Frankfort to restaurants with 50% food sales and private clubs)
- ☐ a **LS Sunday** (available only to holders of liquor drink licenses in Boone, Daviess, Fayette, Gallatin, Jefferson, & Nelson Counties, and outside the city limits of Franklin County, and the Cities of Augusta, Bardstown, Bowling Green, Florence, Henderson, Hopkinsville, Maysville, Morehead, Oak Grove, Paducah, Shelbyville, & Warsaw, that are restaurants seating at least 100 persons for dining and receive at least 50% of its gross annual income from the sale of food.)
- ☐ a **RS Sunday** (available only to holders of liquor drink license in Jefferson County.)
6. Are you applying for a **Caterer's License?** (KRS 243.033) (804 KAR 4:310)..... ☐ Yes ☐ No  
If yes, have you attached a copy of your food service permit issued by your local health Department? ..... ☐ Yes ☐ No

(c). KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper please use the attached example to assist you with this requirement. (If you are currently licensed and only adding a Sunday or a supplemental bar license to your premises you are not required to run this advertisement.)

Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

(D).

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

**Signature of Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

(E).

**OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC.

Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office.

**This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.**

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ City of \_\_\_\_\_ Administrator (or) the ☐ County of \_\_\_\_\_ Administrator

***You may now forward this application, all attachments, and your state license fee to:***

KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone 502-564-4850

Fax 502-564-1442

## TYPES OF LICENSE & FEES

Site I.D. #

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s)

In the left column, then move right across the table to the month that the license will become effective.

**Attach a certified check, cashier check, or a money order.**

**Make payable to: KENTUCKY STATE TREASURER NO CASH!**

<b>LICENSE TYPE</b>	<b><u>PREFIX</u></b>	<b><input checked="" type="checkbox"/></b>	<b>FULL YEAR FEE</b> Pay this amount	<b>HALF YEAR FEE</b> Pay this amount
<input type="checkbox"/> RETAIL LIQUOR DRINK ( <i>liquor/wine by drink</i> ) KRS 243.250  <input type="checkbox"/> SUPPLEMENTAL BAR KRS 243.037 & 241.010(49) ( <i>liquor / wine by drink</i> ) PER BAR How many <input type="checkbox"/> ( <i>available only for LD applicants</i> ) (No fee after 5 but license required.)	LD  SBL	<input type="checkbox"/>  <input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 1000.00 2 <sup>nd</sup> . class city 700.00 3 <sup>rd</sup> . class city 600.00 4 <sup>th</sup> . class city 500.00	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 500.00 2 <sup>nd</sup> . class city 350.00 3 <sup>rd</sup> . class city 300.00 4 <sup>th</sup> . class city 250.00
<input type="checkbox"/> RETAIL LIQUOR PACKAGE ( <i>liquor/wine package</i> ) KRS 243.240	LP	<input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 800.00 2 <sup>nd</sup> . class city 700.00 3 <sup>rd</sup> . class city 600.00 4 <sup>th</sup> . class city 500.00 All Others 400.00	Pay fee for the largest city in the county to be licensed.  1 <sup>st</sup> . class city 400.00 2 <sup>nd</sup> . class city 350.00 3 <sup>rd</sup> . class city 300.00 4 <sup>th</sup> . class city 250.00 All Others 200.00
<input type="checkbox"/> RETAILER'S LIQUOR DRINK SAMPLING ( <i>liquor/wine</i> ) KRS 244.050(2)	DRS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> RETAILER'S PACKAGE LIQUOR SAMPLING ( <i>liquor/wine</i> ) KRS 244.050(2)	PS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> <b>LS</b> SPECIAL SUNDAY RETAIL DRINK ( <i>liquor/wine</i> ) <input type="checkbox"/> <b>SD</b> SPECIAL SUNDAY RETAIL DRINK ( <i>liquor/wine</i> ) <input type="checkbox"/> <b>RS</b> SPECIAL SUNDAY RETAIL DRINK ( <i>liquor/wine</i> )	LS SD RS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	500.00 500.00 500.00	250.00 250.00 250.00
<input type="checkbox"/> MALT BEVERAGE RETAIL "BEER" KRS 243.280	B	<input type="checkbox"/>	200.00	100.00
<input type="checkbox"/> CATERER'S LICENSE ( <i>liquor/wine/beer</i> ) KRS 243.033 and 804 KAR 4:310	CL	<input type="checkbox"/>	800.00	400.00
<b>TOTAL</b>				



### CHECK LIST

1. Have you attached a certified check, cashier check or money order, payable to:  
Ky. State Treasurer for your License fees and a separate check for your  
Kentucky Background checks? **NO CASH!** ☐ Yes ☐ No
2. Have the buyer and seller (if applicable) signed and had this application notarized? ☐ Yes ☐ No
3. Have you answered each question fully and checked the type(s) of license(s)  
you are applying for? ☐ Yes ☐ No
4. Have you signed your application(s) and had your signature notarized? ☐ Yes ☐ No
5. Have you secured the signature of approval from your Local ABC  
Administrator on this application? ☐ Yes ☐ No ☐ N/A
6. Have you attached a certified copy of your newspaper advertisement for  
this license? ☐ Yes ☐ No ☐ N/A
7. Have you attached articles of incorporation, partnership papers, or other  
organizational papers? ☐ Yes ☐ No ☐ N/A
8. Have you attached a signed copy of your lease that does not expire before  
your license expires? ☐ Yes ☐ No ☐ N/A
9. If you are applying for a Caterer's License have you attached your food service  
permit issued by your local health department? ☐ Yes ☐ No ☐ N/A

### **FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC DEPARTMENT**

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442  
<http://abc.ky.gov>